STATE BOARD OF EQUALIZATION, PROPERTY AND SPECIAL TAXES DEPARTMENT

ASSESSMENT POLICY AND STANDARDS DIVISION PO BOX 942879, MIC:64, Sacramento, CA 94279-0064 Exemptions Section: 916-445-3524; Division: 916-445-4982

WELFARE OR VETERANS' ORGANIZATION EXEMPTION ORGANIZATIONAL CLEARANCE CERTIFICATE – PRELIMINARY NOTICE

DATE:		
Organization Name and Mailing Address:	Organization Information:	
	BOE EX. No.:	Status:
	Туре:	
	Corporate I.D. No.:	
	Fiscal Year:	
As indicated on the <i>Welfare or Veterans' Organization Ex Sheet,</i> review of your claim discloses that the organizatio for the reason(s) noted below. If you do not agree with the may either submit: (1) supplementary documentation, (2) for submission of documentation.	on does not meet the requirement e finding, within 30 days of the da	t(s) for the certificate ate of this notice, you
Your above claim has been denied for one or more of the	following reasons:	
☐ Religious purpose of organization is not apparent	(Coded – R.N.A.)	
☐ Hospital purpose of organization is not apparent (Coded – H.N.A.)	
☐ Scientific purpose of organization is not apparent	(Coded – S.N.A.)	
☐ Charitable purpose of organization is not apparen	t (Coded – C.N.A.)	
Upon receipt of supplementary documentation, Boar	d staff will conduct a comple	ete review of such

Upon receipt of supplementary documentation, Board staff will conduct a complete review of such materials/claim, and issue a second *Welfare or Veterans' Organization Exemption Organizational Clearance Certificate Finding Sheet* notifying you of the result. If the claim is approved, a second finding sheet will be sent to you indicating that the requirements for exemption have been met. If the claim is still denied, a second finding sheet and a *Final Notice* will be sent advising your organization of its rights for a hearing with the Board. If you have any questions, please contact the Board's Exemption Section.